



FLEXIBLE SPENDING ACCOUNT ENROLLMENT/CHANGE FORM

Open Enrollment - Plan Year _____

New Hire - Effective/Hire Date _____

Employee Name: Employee ID Number: Date of Hire: Employee Soc. Sec. No.: Address: Payroll Schedule: City: State: Zip Code:

ENROLLMENT SECTION

INSTRUCTIONS: Complete this section for Annual Enrollment or New-Hire Enrollment only. Annual pledge is calculated by \$ per pay period times number of paydays (remaining) in the plan year.

FLEXIBLE SPENDING ACCOUNTS ANNUAL PLEDGE Health Care Account Contribution: \$ per pay period \$ Dependent Care Account Contribution: \$ per pay period \$ # of Pay Periods: First Payroll Deduction Date:

Benny/Flex Card - If I select the Benny/Flex Card and my Employer also offers the Automatic Reimbursement, I understand that by electing this feature, I will not be able to elect the Automatic Reimbursement feature. Elect the Benny/Flex Card? Yes No

Automatic Reimbursement Authorization - The auto reimbursement feature gives you the ability to have claims automatically reimbursed. This means that for those claims applied to the deductible or otherwise not covered by the medical plan, the claims will automatically roll to the Health Care Account for processing. You will not have to file a separate claim form. The Automatic Reimbursement feature is not an option for employees who coordinate benefits with other coverage, i.e. their spouse's coverage. If I select the Automatic Reimbursement and my Employer also offers the Benny Card, I understand that by electing this feature, I will not be able to elect the Benny Card option. Elect Auto Reimbursement Yes No

Direct Deposit: I elect to receive reimbursement from my spending account for the plan year by:

- Direct Deposit
Checking Account (attach voided check)
Savings Account (attach deposit slip)

If you do not make a selection, or if you elect Direct Deposit and do not submit a voided check or deposit slip, you will automatically be reimbursed via a check mailed to your home.

AUTHORIZATION:

I certify that the expenses for which I am requesting through my Flexible Spending Account are expenses incurred by me or my eligible dependents and have not been reimbursed in any other way or from any other source. I request the coverage listed above and I authorize payroll deductions for these coverages. I understand my elections will be in effect for the entire plan year and cannot be revoked unless I experience a change in family status or termination or initiation of spouse's employment. I certify the above information to be correct and true to the best of my knowledge. I understand that any amounts remaining in my account(s) not used for eligible expenses incurred during the plan year will be forfeited in accordance with current plan provisions and tax laws.

Participant Signature

Date Signed

This Section to be Completed by Employer

This Plan has Employer funded Money? Yes No

Table with 3 columns: Account, Annual Pledge, Enrolled? Row 1: HRA, \$,